

Los Angeles County **Board of Supervisors** 

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May 17, 2016

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

Dear Supervisors:

# ADOPTED

**BOARD OF SUPERVISORS** COUNTY OF LOS ANGELES

May 17, 2016

LORI GLASGOW **EXECUTIVE OFFICER** 

Mitchell H. Katz, M.D.

Hal F. Yee, Jr., M.D., Ph.D.

Christina R. Ghaly, M.D. Chief Operations Officer

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www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

# **SUBJECT**

Request approval to execute a no-cost Closed Door Certification with Genentech, Inc., which includes a provision for indemnification and delegated authority to execute future agreements with various pharmaceutical companies to access their specialty pharmaceuticals.

REQUEST APPROVAL TO EXECUTE A NO-COST CLOSED DOOR CERTIFICATION WITH GENENTECH, INC. AND FUTURE

PHARMACEUTICAL MANUFACTURERS FOR ACCESS TO SPECIALTY

**PHARMACEUTICALS** 

(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

#### IT IS RECOMMENDED THAT THE BOARD:

- Authorize the Director of Health Services (Director), or his designee, to sign a Closed Door Certification (CDC), which includes a provision for indemnification, with Genentech Inc. (Genentech), to continue access to purchasing their specialty pharmaceuticals, effective on Board approval.
- Delegate authority to the Director, or his designee, to execute future agreements with various pharmaceutical manufacturers, who provide limited distribution pharmaceuticals to the Department of Health Services (DHS), which may include provisions for indemnification, subject to review and approval by County Counsel and the Chief Executive Office's (CEO's) Risk Management Division.



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#### PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Several pharmaceutical manufacturers, including Genentech, are in the process of taking steps to limit distribution of their pharmaceuticals through a specialty distribution network to increase their control, which allows them to track use of their products more closely. The limited distribution model is for patient safety, to protect the integrity of the pharmaceuticals as they move through the supply chain, and to ensure patients and healthcare providers are able to access pharmaceuticals. Genentech provides DHS with mostly oncology medications through a specialty distribution network. These pharmaceuticals are procured through Cardinal Health, DHS' primary pharmaceutical distributor. In order to continue having access to Genentech's pharmaceuticals, Genentech is requiring DHS to sign their CDC (Exhibit I), to certify their pharmaceuticals are being dispensed at DHS on-site pharmacies to DHS patients only, and not being resold to non-DHS pharmacies. DHSprocured pharmaceuticals are only provided to patients serviced at a DHS facility and assigned a medical record number by DHS. The CDC includes an indemnification provision that requires DHS to indemnify and defend Genentech from and against any liability, claim, loss, damage or expense incurred by Genentech, including without limitation, reasonable attorneys' fees, arising from DHS' negligent acts or omissions in connection with DHS' performance or breach of the CDC. Genentech has not been willing to waive this requirement. Without access to Genentech's pharmaceuticals at DHS pharmacies, patients will have to obtain their medications from non-DHS specialty pharmacies.

Approval of the first recommendation will authorize the Director, or his designee, to execute a CDC with Genentech, that includes a provision for indemnification, that will allow DHS access to purchasing Genentech pharmaceuticals for patients serviced at DHS facilities and pharmacies, effective on Board approval.

Approval of the second recommendation will allow DHS to execute future agreements, which may include provisions for indemnification, with various pharmaceutical manufacturers who provide limited distribution pharmaceuticals to DHS, subject to review and approval by County Counsel and CEO's Risk Management Division.

### Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness/Fiscal Sustainability of the County's Strategic Plan.

#### **FISCAL IMPACT/FINANCING**

The CDC has no fiscal impact on DHS' budget.

#### FACTS AND PROVISIONS/LEGAL REQUIREMENTS

DHS pharmacies procure pharmaceuticals through their pharmaceutical distribution agreement with Cardinal Health. DHS does not have a direct agreement with Genentech, but since DHS is the enduser of their products, Genentech reserves the right to cease access of their medications to DHS via Cardinal Health, unless DHS signs the CDC.

County Counsel has approved Exhibit I as to form. CEO's Risk Management Division has reviewed and approved the indemnification provision in Exhibit I.

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### **CONTRACTING PROCESS**

Not applicable.

## **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommendations will ensure DHS continues to have access receiving and dispensing Genentech pharmaceuticals to DHS serviced patients. If DHS does not sign the CDC, Genentech will cease providing access of their pharmaceuticals to DHS through Cardinal Health and patients will be directed to outside non-DHS specialty pharmacies for their medications that are manufactured by Genentech.

Respectfully submitted,

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Mitchell H. Katz, M.D.

Director

MHK:sa

**Enclosures** 

c: Chief Executive Office
 County Counsel
 Executive Office, Board of Supervisors

# **CLOSED DOOR CERTIFICATION**

This Closed Door Certification sets forth the obligati respect to the purchase of Genentech products.	ons of the Participant(s) (as defined below), with
l,	[Insert Name], hereby certify that I am the [Insert position and title] of
Los Angeles County Department of Health Service this Certification on behalf of the Participant(s) (as defined below). I hereby represent and certify as fo	es and that I am duly qualified and authorized to sign
1. The information provided herein is true and correct;	
2. The "Participant(s)" shall mean those facilities liste health care provider(s) that dispense pharmaceutical use for their own operations. Participants shall not incl	products and ensure safe and effective medication
3. Participant is (i) a State entity that operates a physicover an exclusively out-patient oncology center or reprovide patient care and services, or (ii) a licensed American Hospital Association and any other source facilities, that provides inpatient services (diagnost conditions, both surgical and non-surgical, or (iii) a poperates a municipal health system that includes aculvariety of medical conditions.	nedical oncology office where licensed physicians hospital or medical center as recognized by the sthat Genentech may use to identify acute care tic and/or therapeutic) for a variety of medical political subdivision of the State of California that
4. The product(s) purchased by the Participant are only for dispensing to its patients in connection with the provision of treatment and/or evaluation, and not for resale to any wholesaler, retailer, internet pharmacy, institution, physician or any other person or entity, within or outside of the U.S. Participant shall maintain records of its product purchases and the circumstances of dispensing same to adequately reflect its compliance with the terms of this provision;	
5. If Participant fails to observe the terms of this Certifiproduct(s) made available to Participant, and Gene Genentech deems appropriate; and	
6. Participant acknowledges and agrees that it shall be expenses incurred by Genentech, including without lin negligent acts or omissions in connection with its properties of this Certification, as determined by a couliability is governed by the terms of the State of Californ	nitation, reasonable attorneys' fees, arising from its erformance of its obligations stated herein, or its urt of competent jurisdiction and the Participant's
IN WITNESS WHEREOF, the undersigned has execuset forth below.	uted and delivered this Certification as of the date
Signature:	Title:
Print Name:	Date:
Please send this "Closed	Door Certification" via:

Email to: MCCLOA@gene.com eFax to: (877) 917-4950

Mail to: Genentech USA, Inc., Attention: Managed Care Contracts 1 DNA Way, Mailstop, South San Francisco, CA 94080

# **Parent Organization:** Parent Class of Trade/Type of Provider: Parent HIN: **PARTICIPANTS Participant Name:** Address: City, State, Zip Code: Class of Trade/Type of Provider: HIN: DEA: **Primary Authorized Wholesaler: Participant Name:** Address: City, State, Zip Code: Class of Trade/Type of Provider: HIN: DEA: **Primary Authorized Wholesaler: Participant Name:** Address: City, State, Zip Code: Class of Trade/Type of Provider: HIN: DEA: **Primary Authorized Wholesaler:**

**EXHIBIT A**